Services, and Education, and related agencies for the fiscal year ending September 30, 2002, and for other purposes.

AMENDMENT NO. 2039

At the request of Mrs. CLINTON, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of amendment No. 2039 intended to be proposed to H.R. 3061, a bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2002, and for other purposes.

STATEMENTS ON SUBMITTED RESOLUTIONS

By Mr. FEINGOLD (for himself and Mr. KOHL):

S. 1595. A bill to authorize the Secretary of Agriculture to establish a program to control bovine Johne's disease; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. FEINGOLD. Madam President, I rise today to introduce the Johne's Disease Elimination Act, which would provide incentives to encourage dairy producers to voluntarily begin testing for Johne's disease and to remove infected and exposed animals from their dairy herds.

Johne's disease is a devastating infection that has adversely impacted dairy herds across the country for many years.

Johne's disease was identified more than a century ago, yet remains a common and costly infectious disease of dairy cattle.

Johne's disease starts as an infection in calves, though indications do not appear until 2 to 5 years later. Over 20 percent of all dairy herds may be infected with an animal pathogen that causes Johne's disease, which causes losses in milk production and an eventual wasting away of the animal. And if not detected and eliminated, the disease can spread throughout the herd.

This animal disease, for which there is no cure, is projected to cost U.S. diary producers in excess of $200 million annually.

Let me repeat, $200 million. The average cost to producers is about $245 per cow. In other words, the cost for a 100 cow dairy with an infected herd would be about $24,000.

One of the biggest challenge to eradicate Johne's disease is the lack of a consistent national or industry-wide education or control program. One of the more prominent recent efforts involves the Johne's Committee of the U.S. Animal Health Association, which formed the National Johne's Working Group to begin more cohesive education, research, and control efforts to deal with the disease.

The legislation I am introducing today is based on the work of the National Johne's Working Group. My legislation would authorize the creation of a program to encourage dairy herd owners to be practically free of Johne's disease in 7 years.

This program would be absolutely voluntary and confidential, as the working group recommended.

This program would provide incentives to encourage dairy producers to voluntarily begin testing for Johne's disease and to remove infected and exposed animals from their dairy herds.

The incentives provided will also help farmers to perform herd risk assessments and utilize best management practices to develop appropriate Johne's Herd Management Plans to prevent further introduction and spread of the disease.

We need to listen to America's dairy industry and follow their common sense suggestions to eradicate a disease that hurts dairy farmers across the United States. I urge my colleagues to join me in cosponsoring this legislation.

By Mr. ROCKEFELLER:

S. 1598. To amend section 1706 of title 38, United States Code, to enhance the management of the provision by the Department of Veterans Affairs of specialized treatment and rehabilitation for disabled veterans, and for other purposes; to the Committee on Veterans' Affairs.

Mr. ROCKEFELLER. Madam President, I am proud today to introduce legislation that would improve upon the current requirement that the Department of Veterans Affairs maintain specialized health care services. It is my hope that the ''Veterans Specialized Treatment Act'' will finally settle the issue and that high quality, specialized health care services will be readily available to our veterans at each and every VA hospital.

From its inception, the Department of Veterans' Affairs' health care system has been challenged to meet the special needs of its veteran patients, such as spinal cord injuries, amputations, blindness, post-traumatic stress disorder, substance abuse, and homelessness. Over the years, VA has developed widely recognized expertise in providing specialized services to meet these needs. We have all been proud of VA's expertise, some of which is unparalleled in the larger health care community.

Unfortunately, in recent years, VA's specialized programs have come under stress due to budget constraints, reorganizational changes, and the introduction of a new resource allocation system. Budgetary pressures, in particular, raised concerns back in 1996 that VA's costly specialized programs may be particularly vulnerable and disproportionately subject to reductions. As a result, Congress recognized the need to include protections for the specialized services programs. Public Law 104–262 specifically required the Secretary of Veterans Affairs to maintain capacity to provide for the specialized treatment needs of disabled veterans at the level in existence at the time the bill was passed, October 9, 1996 and to report annually to Congress on the status of its efforts.

While each of the VA's required reports have proclaimed success in maintaining capacity, some remain skeptical. The General Accounting Office found that ''much more information and analyses are needed to support VA's, 1998, conclusion, that capacity was up to par.'' The VA Federal Advisory Committee on Prosthetics and Special Disability Programs has in the past called VA's data ''flawed'' and has not endorsed all of VA's report. In 1999, my own staff on the Committee on Veterans' Affairs also examined VA's implementation of the law and found that certain key programs, such as Post-Traumatic Stress Disorder and substance abuse disorder programs, were not meeting the mandated capacity levels.

The most recent report shows, again, that there is concern about whether VA is adhering to the law. The VA Federal Committee on Care of Severely Chronically Mentally Ill Veterans stated in an official response that the 2000 report on capacity ''once again, documents the Department's decline in maintaining specialized services for . . . high priority patients, without explicitly acknowledging it.'' Committee members also emphasized that based on the results of the report, it did not appear that high-quality, system-wide access to specialized services is being provided by VA.

I am disappointed that VA has still been unable to properly demonstrate that adequate levels of care for those veterans with specialized health care needs are being maintained. The legislation I introduce today seeks to remedy this problem by closing loopholes in the original law to ensure VA's compliance. Congress has spoken quite clearly in the past: VA does not have the discretion about whether or not to maintain capacity for specialized services.

My proposed legislation would modify the existing report and require that VA submit information on the number of full-time staff providing treatment and the number of dedicated staffed beds; the number of veterans served by each such distinct program and facility; the number of units of service provided to veterans by such program, including the number of inpatient and residential days of care as well as the number of outpatient visits; and the amount of money spent for the care of veterans using these specialized services. Having this information for each of the distinct specialized services will allow Congress to fully understand how the specialized services are fairing. While I applaud VA's use of outcome measures, I believe it is imperative that the report contain hard data on the number of staffed beds and other information.

VA would also be required to maintain capacity of the Department at each and every medical center. Current law only requires that ''overall'' capacity be maintained.

Another key element of the legislation is that the Inspector General of

VA would conduct an annual audit to ensure that the requirements of the capacity law are carried out every year. The IG would also be required to review the VA's yearly report and provide their assessment, on that report, to Congress. Finally, in an effort to encourage VA managers to comply with the legislation, VA would be required to look at the status of the specialized services programs whenever job performance is reviewed.

My colleagues, I ask for your support of this bill, as it would help ensure that specialized services, a crucial segment of the health care VA provides to veterans, are maintained at the necessary level.

By Mr. DAYTON:

S. 1600. A bill to amend the Internal Revenue Code of 1986 to allow Medicare beneficiaries a refundable credit against income tax for the purchase of outpatient prescription drugs; to the Committee on Finance.

Mr. DAYTON. Madam President, one of the groups consistently left out of most current economic stimulus proposals are America's senior citizens. Prescription drug prices continue to escalate, putting enormous financial strains on seniors in Minnesota and throughout the Nation. That is why I am introducing today The Rx Relief for Seniors Act. It would give America's hard-pressed senior citizens a one-time, refundable tax credit of up to $500 per individual and up to $1,000 per married couple, to offset their payments for prescription drugs during the year 2001.

Millions of senior citizens in my home state of Minnesota and throughout this country have had their limited personal incomes ravaged by the rising costs of prescription medicines. These escalating prices force the elderly to reduce their expenditures for other essential needs such as food, clothing, and utilities. They also prevent seniors from spending money on additional discretionary items such as recreation, travel, and other needed goods and services.

The assurance of this $500 refundable tax credit, either as a credit on Federal taxes due next April 15, or as a cash refund from the Internal Revenue Service shortly thereafter, would permit budget-conscious senior citizens to increase immediately their purchases of additional consumer goods and services. Seniors, especially the majority who live on limited and fixed incomes, would be among the people most likely to spend quickly any new tax relief and thus help stimulate the economy. For this reason, the bill directs the Secretary of Health and Human Services to notify all Medicare beneficiaries that they are eligible for this refundable tax credit for their 2001 prescription drug purchases.

Since my election to the Senate a year ago, I have been urging my colleagues to adopt some form of prescription drug coverage for America's senior citizens. Regrettably, such permanent, comprehensive coverage has been once again delayed by differences over the design of such a program. Yet, for millions of elderly citizens, the financial strains caused by escalating drug costs are urgent and acute. The Rx Relief for Seniors Act would provide them with a one-time dose of immediate relief. Hopefully, it would also provide a transition to permanent, comprehensive prescription drug coverage legislation next year.

By Mr. CORZINE (for himself, Mr. JEFFORDS, Mrs. BOXER, and Mrs. CLINTON):

S. 1602. A bill to help protect the public against the threat of chemical attack; to the Committee on Environment and Public Works.

Mr. CORZINE. Madam President, today I am introducing a bill, the Chemical Security Act of 2001, that will reduce the vulnerability of our communities to releases of hazardous chemicals.

In the past, concern about chemical facilities has largely focused on accidental releases. Unfortunately, recent events have shown that the potential for catastrophic accidents is still with us. As recently as September 21, an accident at a chemical plant in France caused 300 tons of nitrates to explode, killing 29, injuring thousands, and damaging 10,000 houses.

We need to ensure that we are taking all appropriate measures to prevent such catastrophes from occurring accidentally. But today, in the world of post 9/11, perhaps more importantly, we need to ensure that we do what we can to prevent such catastrophes from being caused intentionally by terrorists.

In the wake of the attacks in New York and Washington, it is clear that wee need to look at all of our nation's assets and people as potential terrorist targets. We need to get ahead of the curve as quickly as we can. I believe that one of the places that we need to look first is at our nation's chemical production, processing, transportation and disposal infrastructure. Vulnerability of these sectors to either terrorist attack or the theft of dangerous chemicals can pose a serious threat to public health, safety and the environment.

This is not just my opinion, Madam President. The Department of Justice studied this matter last year and concluded that there is a ''real and credible threat'' that terrorists would try to cause an industrial chemical release in the foreseeable future. The Department noted that attacking an existing chemical facility, for example, presents an easier and more attractive alternative for terrorists than constructing a weapon of mass destruction. In addition, the Department concluded that many plants that contain hazardous chemicals would be attractive targets for terrorists because of the plants' proximity to densely populated areas. This is certainly the case in my home state of New Jersey—the most densely populated State in the Nation.

Other studies also have shown that our nation's chemical facilities are indeed vulnerable. For example, the Agency for Toxic Substances and Disease Registry studied over 60 chemical plants in West Virginia, Georgia, and Nevada. The Agency found that security at those plants ranged from fair to very poor.

As I noted earlier, beyond the new threat of terrorism is the existing problem of chemical accidents. According to the National Response Center of the United States Coast Guard, which is the sole point of registry for reporting oil and chemical spills, there were 28,822 accidental industrial chemical releases in 1998. Those releases caused 2,193 injuries and 170 deaths.

Remarkably, Madam President, despite this risk, the federal government lacks mandatory security standards for any chemical facilities. Even those in densely populated areas. Even those with extremely hazardous chemicals. Now we do require owners and operators of such facilities to prepare risk management plans that analyze the potential off-site consequences of a release of regulated substances. These reports must include plans to prevent an unintended release and to mitigate the effects of such a release, should it occur. However, no federal requirements are in place that require specific steps to prevent releases caused by criminal or terrorist activity.

Madam President, the Chemical Security Act of 2001 would fill this gap in current law by requiring common sense steps to address the highest priority threats from accidents and attacks involving hazardous chemicals.

To enable the federal government to take immediate action upon enactment to address the most serious risks on a case-by-case basis, the bill provides EPA and the Attorney General the authority to issue administrative orders and secure relief through the courts to abate an imminent and substantial endangerment from a potential accidental or criminal release.

The bill directs the EPA Administrator to consult with the Attorney General, states and localities to identify ''high priority'' categories within our chemical production, processing, transportation and disposal infrastructure. In designating these ''high priority'' categories, the Administrator is to consider a set of factors, including the severity of potential harm from a release, proximity to population centers, threats to critical infrastructure and national security, and other factors the Administrator considers appropriate.

The bill also directs the Administrator to consider threshold quantities of chemicals in establishing high priority categories. This is to ensure that small businesses like gas stations and photo shops are not swept up in the regulations.

Those businesses that are designated as high priorities are subject to two

other provisions of the bill designed to reduce the threat of chemical attacks.

First, a general duty is placed on any owner or operator of a facility that falls within a high priority category to identify hazards, take measures to prevent a criminal release, and minimize the consequences of any criminal release that occurs.

Second, the EPA is directed to develop regulations for the high priority categories that will require them to take adequate actions to prevent, control, and minimize the potential consequences of an accident or attack.

The bill includes other provisions to enable the EPA and the Attorney General to carry out and enforce the act, such as the authority to obtain information that may be needed, while providing for protection of trades secrets and national security information.

Madam President, the legislation is not overly prescriptive, and this is intentional. I believe that in the wake of September 11, it is self-evident that we need to do a better job safeguarding our communities from terrorism. And I believe that the possibility of chemical attacks is something we need to look at. So the heart of the bill is a requirement that EPA and DOJ work with state and local agencies to ensure that the highest priority threats from chemical facilities are being addressed. But I don't want to tie the hands of the executive branch. I think that they should have wide latitude in determining what types of chemicals and facilities need to implement better security measures. But this latitude should not be misconstrued as a mandate to regulate gas stations, photo shops, and everyone under the sun who uses hazardous chemicals. Rather, the latitude is there to give EPA and DOJ broad enough authority so that they are able to address the most pressing threats, wherever they may be.

Madam President, strengthening security at high priority chemical sources is an immediate and necessary step to safeguard our communities. Over the longer, term, however, I believe that our desire to protect our communities and our environment will be best served by reducing the use of hazardous chemicals. That's why this bill includes provisions to require high priority chemical sources to reduce risks where practicable by using inherently safer technology, well-maintained secondary control equipment, robust security measures, and buffer zones.

We have seen this type of approach work in New Jersey, where the legislature enacted a law requiring facilities to implement alternate processes that would reduce the risk of a release of extremely hazardous substances. After the enactment of this law, the number of water treatment plants using levels of chlorine at a level considered extremely hazardous decreased from 575 in 1988 to 22 in September of 2001. Chlorine, which can cause a number of problems include burning of the skin and eyes, nosebleeds, chest pain, and death, was replaced by sodium hypochlorite or other much less hazardous chemicals or processes. Although I believe this New Jersey law has afforded my constituents a high level of safety with regard to accidents, the current federal and state security requirements in New Jersey do not address the threat of terrorist attacks. I suspect that this is most if not all of our states, Madam President. That's why it's critical for Congress to act.

I am glad to note, Madam President, that the chemical industry has indicated a willingness to engage the federal government on the issue of security. On October 4, 2001, the American Chemistry Council sent a letter to President Bush, requesting that the federal government immediately begin a comprehensive assessment of security at chemical plants. On October 10, a representative of the American Chemistry Council who testified before the House Transportation and Infrastructure Subcommittee on Water and the Environment reiterated this message, stating that ''Our industry believes it will benefit from a comprehensive assessment conducted by appropriate federal law enforcement, national security and safety experts. While we are taking aggressive steps to make our operations more secure, we recognize that we cannot achieve this objective by ourselves.'' Madam President, I agree with the American Chemistry Council's on this point, and I look forward to working with industry to ensure that the federal government has the tools that it needs to play its proper role.

In conclusion, Madam President, reducing the threat of a terrorist attack against a chemical facility, or an accidental release of hazardous substances, is critically important to ensure the safety of all Americans. We should not wait any longer before beginning to address this problem, and I urge my colleagues to support this legislation.

By Mr. JEFFORDS:

S. 1604. A bill to establish a national historic barn preservation program; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. JEFFORDS. Madam President, I rise today to introduce the National Historic Barn Preservation Act of 2001.

As I am sure my colleagues agree, historic barns are some of America's greatest national treasures symbolizing the agriculture foundations upon which our Nation was founded. Unfortunately, many are in danger of falling beyond repair. These symbols of the American spirit are a vital component of our cultural heritage and must be preserved.

From our agricultural beginnings in Colonial times to the frontiersmen' expansion to the West, barns have been a fixture of the rural American landscape. Unfortunately, Agriculture and farm production has weathered many painful changes over the past decades. These changes have been particularly difficult for small and medium sized farms where most of our nation's historic barns reside. According to a survey conducted by Successful Farming, 65 percent of the farmers surveyed had barns over 50 years old on their property.

Our legislation allows these farmers to receive funds administered through States and non-profit organizations to bring their barns into productive use. Preserving these barns will not only ensure their survival for generations to come, it will also provide many practical benefits to the communities and economies that surround them.

Specifically, this bill will allow small and medium-sized farms to make necessary investments in their production facilities to keep their farms working by providing direct grants. In hard times, small and medium-sized farms have had to choose between making improvements on a historic structure on their property or investing in machinery to keep their existing operations running. Between 1982 and 1997, our nation saw a 15 percent decline in the number of farms in use, averaging a loss of 22,000 farms per year. This bill will ensure the economic viability of these farms by helping farmers preserve their historic structures and maintain essential investments. Given our current economic outlook, this bill will be particularly beneficial.

Also, preserving historic barns helps ensure that farmers keep their land in agricultural use. This has a tremendous effect in preventing sprawl from encroaching on rural communities. It is estimated that 3.6 million acres of farmland is removed from agricultural use each year.

This is a sensible bill that ensures the preservation of historic barns in ways individual farmers want. The National Trust for Historic Preservation recently conducted a survey asking farmers how they could preserve historic barns on their property. The number one response from these farmers was to create a national grant program, exactly what this legislation does.

This bill enjoys wide support and has been endorsed by the National Trust for Historic Preservation. I invite my colleagues to join me in my efforts to preserve our Nation's historic barns for the prosperity of future generations and the well-being of our rural communities. I ask that a summary of the legislation be printed in the RECORD.

There being no objection, the summary was ordered to be printed in the RECORD, as follows:

BILL SUMMARY

The bill would instruct the Secretary of Agriculture to act through the Undersecretary of Rural Development to: Assist states in developing a listing of historic barns; collect and disseminate information concerning historic barns; foster educational programs relating to historic barns and their preservation; sponsor and conduct research on the history of barns; and sponsor or conduct research, and study techniques, on protecting historic barns.

The bill would authorize the Office of Rural Development of USDA to award $25 million in grants over FY 2002 through 2006 for barn preservation projects to the following agencies: State Departments of Agriculture, National or State Non-profits that have been determined by the Secretary of Agriculture to have experience in historic barn preservation, and a State Historic Preservation Office.

While most of the $25 million authorized would be awarded for grants used to rehabilitate or repair historic barns, the bill would allow some of the funds to be used to: Install fire detection systems and/or sprinklers; install systems to prevent vandalism; and identify, document and conduct research on historic barns to develop and evaluate appropriate techniques or best practices for protecting historic barns.

By Mr. ROCKEFELLER (for himself, and Ms. SNOWE):

S. 1607. A bill to amend title XVIII of the Social Security Act to provide coverage of remote monitoring services under the Medicare Program; to the Committee on Finance.

Mr. ROCKEFELLER. Madam President, I rise today to introduce a small bill, but one with important consequences. My measure, the ''Medicare Remote Monitoring Services Act of 2001,'' seeks to increase access to remote management technologies by providing equal payment for these services under Medicare. I am pleased to be joined by Senator SNOWE in introducing this measure.

As my colleagues know, many new technologies that collect, analyze, and transmit clinical health information are in development or have recently been introduced to the market. These remote management technologies hold clear promise: Better information on the patient's condition, collected and stored electronically, analyzed for clinical value, and transmitted to the physician or the patient, should improve patient care and access. Instead of a time-consuming 20-mile trips to the doctor's office, it takes the patient 10 minutes to transmit the data by computer. This is not going to replace hands-on medicine, but when it's not possible for the physician to be there, this can be a tool. It's a more aggressive way to be with the patient and help avoid a crisis.

Despite these innovations, many new clinical information and remote management technologies have failed to diffuse rapidly. A significant barrier to wider adoption and evolution of the technologies is the relative lack of payment mechanisms under Medicare for services provided by a physician related to these technologies.

The June 2001 ''MedPAC report to Congress on Medicare in Rural America'' raises concerns about access to health care in rural areas. The report states that if policymakers are interested in expanding the use of telemedicine approaches to improve access to care, one avenue that could be explored is the coverage of technology that enables a diagnostic test to be performed on a patient remotely and then be sent electronically to the consulting physician for review at a later time.

In addition, in its March 2001 report, ''Crossing the Quality Chasm,'' the Institute of Medicine stated that the automation of clinical and other health transactions was an essential factor for improving quality, preventing errors, enhancing consumer confidence, and improving efficiency, yet ''health care delivery has been relatively untouched by the revolution in information technology that has been transforming nearly every other aspect of society.''

Under this legislation remote monitoring services that are found to be comparable to face to face, encounter-based, monitoring services will be given the same coverage and level of Medicare payment as the comparable encounter-based physician service. The provision will be implemented in a budget-neutral manner. I urge my colleagues to cosponsor this legislation that will improve patient access, care, and management, as well as spur the development of new technologies that will improve services further.

Ms. SNOWE. Madam President, today I am joining with Senator ROCKEFELLER in introducing the Medicare Remote Monitoring Service Coverage Act of 2001. This bill is designed to place Medicare on the cutting edge of technology and ensure that our Nation's seniors have access to the best treatment options available.

Ever since the first stethoscope was developed in Paris in 1816, medical technology has had a dramatic impact on health care. Over the past twenty-five years, the technology of medical devices has improved dramatically. The resulting changes in the practice of medicine and the improvements in the quality of patient care of have been dramatic and this trend will continue as we move into the future.

Once such important improvement is in the ability of new cutting-edge medical devices to electronically monitor a patient's response to treatment. The new devices will collect, analyze and transmit clinical health information to the patient's physician. As a result, the physician will have access to better information on the patient's condition, which will improve patient care. These innovative devices will also monitor their own internal performance and transmit this information in real-time to the physician's office. Physicians can use this data to assess a patient's response to treatment and determine if new interventions are required.

One such device that is under development is an advanced version of the internal cardiac defibrillator or ICD similar to the one used by Vice President CHENEY. These devices monitor the heart and respond automatically when indicated. When the heart's rhythm triggers certain interventions, the patient is required to immediately contact their physician and must travel to the emergency room to determine if a more serious problem has developed. It is also crucial at these times to determine that the device is working properly. Access to care in these circumstances is imperative.

With these new devices, this important information can be transmitted electronically to the physician. The physician can then analyze this clinical data and determine if further intervention is required. As a result of this innovation, costly emergency room visits are avoided and patients can receive their physician's assessment more quickly. This reduces the cost of the health care intervention by avoiding the emergency room visit and provides piece of mind to the patient that the life-saving device is working properly. One can easily see that this is of greatest value to patients in rural areas who would otherwise have to travel great distances to the emergency room for evaluation, many times in the middle of the night.

While these new technologies hold great promise, Medicare reimbursement policies are an unfortunate barrier to their use. Under current Medicare payment policy, most physician billing codes are limited to face-to-face interactions between physician and patient. The physician payment system does not provide reimbursement for time spent on a clinical evaluation when a face-to-face encounter is not needed. As a result, Medicare payment rules will inhibit the adoption of this promising technology. This is unfortunate when one considers that, in many cases, costly emergency room visits can be avoided while the identical clinical analysis and interpretation takes place using data that is transmitted electronically to the physician.

This legislation, which we are introducing today, would create reimbursement parity between physician visits on a face-to-face basis and equivalent interventions resulting from remote patient management made possible by these devices. The legislation would provide the same Medicare coverage and level of reimbursement for remote monitoring services that are found to be comparable to face-to-face, encounter-based, services specifically for data collection and analysis. This new reimbursement policy will be implemented in a budget-neutral manner and simply designed to pay for remote monitoring when a face-to-face physician encounter would be reimbursed for the same services under the same set of circumstances.

This proposal will improve patient care and promote the adoption of this innovative new technology. Moreover, it will provide better access and improved quality of care for patients who rely on these devices, particularly in rural areas. This is especially true in cases when an immediate evaluation is required. We believe this is a sensible proposal that will reduce costs in the long-run and will ensure that seniors have access to cutting edge, life-saving technologies. We are hopeful that this legislation can be adopted quickly to assure that Medicare beneficiaries are

not prevented from accessing this technology.

By Mr. SMITH of New Hampshire (for himself, Mr. JEFFORDS, Mr. GRAHAM, and Mr. CRAPO):

S. 1608. A bill to establish a program to provide grants to drinking water and wastewater facilities to meet immediate security needs; to the Committee on Environment and Public Works.

Mr. SMITH of New Hampshire. Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1608

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. WATER SECURITY GRANTS.

(a) DEFINITIONS.—In this Act:

(1) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of the Environmental Protection Agency.

(2) ELIGIBLE ENTITY.—The term ''eligible entity'' means a publicly- or privately-owned drinking water or wastewater facility.

(3) ELIGIBLE PROJECT OR ACTIVITY.—

(A) IN GENERAL.—The term ''eligible project or activity'' means a project or activity carried out by an eligible entity to address an immediate physical security need.

(B) INCLUSIONS.—The term ''eligible project or activity'' includes a project or activity relating to—

(i) security staffing;

(ii) detection of intruders;

(iii) installation and maintenance of fencing, gating, or lighting;

(iv) installation of and monitoring on closed-circuit television;

(v) rekeying of doors and locks;

(vi) site maintenance, such as maintenance to increase visibility around facilities, windows, and doorways;

(vii) development, acquisition, or use of guidance manuals, educational videos, or training programs; and

(viii) a program established by a State to provide technical assistance or training to water and wastewater facility managers, especially such a program that emphasizes small or rural eligible entities.

(C) EXCLUSIONS.—The term ''eligible project or activity'' does not include any large-scale or system-wide project that includes a large capital improvement or vulnerability assessment.

(b) ESTABLISHMENT OF PROGRAM.—

(1) IN GENERAL.—The Administrator shall establish a program to allocate to States, in accordance with paragraph (2), funds for use in awarding grants to eligible entities under subsection (c).

(2) ALLOCATION TO STATES.—Not later than 30 days after the date on which funds are made available to carry out this section, the Administrator shall allocate the funds to States in accordance with the formula for the distribution of funds described in section 1452(a)(1)(D) of the Safe Drinking Water Act (42 U.S.C. 300j–12(a)(1)(D)).

(3) NOTICE.—Not later than 30 days after the date described in paragraph (2), each State shall provide to each eligible entity in the State a notice that funds are available to assist the eligible entity in addressing immediate physical security needs.

(c) AWARD OF GRANTS.—

(1) APPLICATION.—An eligible entity that seeks to receive a grant under this section shall submit to the State in which the eligible entity is located an application for the grant in such form and containing such information as the State may prescribe.

(2) CONDITION FOR RECEIPT OF GRANT.—An eligible entity that receives a grant under this section shall agree to expend all funds provided by the grant not later than September 30, 2002.

(3) DISADVANTAGED, SMALL, AND RURAL ELIGIBLE ENTITIES.—A State that awards a grant under this section shall ensure, to the maximum extent practicable in accordance with the income and population distribution of the State, that a sufficient percentage of the funds allocated to the State under subsection (b)(2) are available for disadvantaged, small, and rural eligible entities in the State.

(d) ELIGIBLE PROJECTS AND ACTIVITIES.—

(1) IN GENERAL.—A grant awarded by a State under subsection (c) shall be used by an eligible entity to carry out 1 or more eligible projects or activities.

(2) COORDINATION WITH EXISTING TRAINING PROGRAMS.—In awarding a grant for an eligible project or activity described in subsection (a)(3)(B)(vii), a State shall, to the maximum extent practicable, coordinate with training programs of rural water associations of the State that are in effect as of the date on which the grant is awarded.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $25,000,000 for fiscal year 2002.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2040. Mr. DEWINE submitted an amendment intended to be proposed by him to the bill H.R. 3061, making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table.

SA 2041. Mr. DEWINE submitted an amendment intended to be proposed by him to the bill H.R. 3061, supra; which was ordered to lie on the table.

SA 2042. Mr. SESSIONS proposed an amendment to the bill H.R. 3061, supra.

SA 2043. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 3061, supra; which was ordered to lie on the table.

SA 2044. Mr. DASCHLE (for himself, Mr. KENNEDY, Mr. TORRICELLI, Mr. CORZINE, Mrs. CLINTON, and Mr. WELLSTONE) proposed an amendment to the bill H.R. 3061, supra.

SA 2045. Mr. SESSIONS proposed an amendment to the bill H.R. 3061, supra.

SA 2046. Mr. SESSIONS (for himself and Mr. HELMS) submitted an amendment intended to be proposed by him to the bill H.R. 3061, supra; which was ordered to lie on the table.

SA 2047. Mr. HATCH (for himself and Mr. HARKIN) submitted an amendment intended to be proposed by him to the bill H.R. 3061, supra; which was ordered to lie on the table.

SA 2048. Mr. HARKIN proposed an amendment to the bill H.R. 3061, supra.

SA 2049. Mr. HARKIN (for Mr. WYDEN) proposed an amendment to the bill H.R. 3061, supra.

SA 2050. Mr. HARKIN (for Ms. COLLINS (for himself and Mr. REED)) proposed an amendment to the bill H.R. 3061, supra.

SA 2051. Mr. HARKIN (for Mr. HATCH) proposed an amendment to the bill H.R. 3061, supra.

SA 2052. Mr. HARKIN (for Mr. INOUYE) proposed an amendment to the bill H.R. 3061, supra.

SA 2053. Mr. HARKIN (for Mr. BAYH) proposed an amendment to the bill H.R. 3061, supra.

SA 2054. Mr. SESSIONS proposed an amendment to the bill H.R. 3061, supra.

SA 2055. Mr. GRAMM proposed an amendment to amendment SA 2044 proposed by Mr. DASCHLE to the bill (H.R. 3061) supra.

TEXT OF AMENDMENTS

SA 2040. Mr. DEWINE submitted an amendment intended to be proposed by him to the bill H.R. 3061, making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table; as follows:

On page 19, line 7, strike ''$361,524,000'' and insert ''$291,524,000''.

On page 43, line 23, strike ''$305,000,000'' and insert ''$375,000,000''.

SA 2041. Mr. DEWINE submitted an amendment intended to be proposed by him to the bill H.R. 3061, making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table; as follows:

On page 43, line 23, strike ''$305,000,000'' and insert ''$375,000,000, except that the amounts appropriated in this Act for administrative expenditures shall be reduced on a pro rata basis by $70,000,000''.

SA 2042. Mr. SESSIONS proposed an amendment to the bill H.R. 3061, making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2002, and for other purposes; as follows:

On page 54, between lines 15 and 16, insert the following:

SEC. ____. (a) FLOOR ON AREA WAGE ADJUSTMENT FACTORS USED UNDER MEDICARE PPS FOR INPATIENT HOSPITAL SERVICES.—Section 1886(d)(3)(E) of the Social Security Act (42 U.S.C. 1395ww(d)(3)(E)) is amended—

(1) by inserting ''(i) IN GENERAL.—'' before ''The Secretary'', and adjusting the margin two ems to the right;

(2) by striking ''The Secretary'' and inserting ''Subject to clause (ii), the Secretary''; and

(3) by adding at the end the following new clause:

''(ii) FLOOR ON AREA WAGE ADJUSTMENT FACTOR.—Notwithstanding clause (i), in determining payments under this subsection for discharges occurring on or after October 1, 2001, the Secretary shall substitute a factor of .925 for any factor that would otherwise apply under such clause that is less than .925. Nothing in this clause shall be construed as authorizing—

''(I) the application of the last sentence of clause (i) to any substitution made pursuant to this clause, or

''(II) the application of the preceding sentence of this clause to adjustments for area wage levels made under other payment systems established under this title (other than the payment system under section 1833(t)) to which the factors established under clause (i) apply.''.

(b) FLOOR ON AREA WAGE ADJUSTMENT FACTORS USED UNDER MEDICARE PPS FOR OUTPATIENT HOSPITAL SERVICES.—Section